



City of Milwaukee
Employment Application for
PROGRAM ASSISTANT II

RETURN APPLICATION TO:
Wanda Booker, Admin. Services Mgr.
DPW-Operations, BFD Section
Zeidler Municipal Building
841 N. Broadway, Room 620
Milwaukee WI 53202

INSTRUCTIONS TO APPLICANT- Please:

1. Use a typewriter or print answers in black ink.
2. Answer all questions. Credit may not be given for incomplete information.
3. Date and sign this page.
4. Print your Last Name in the left margin.
5. Keep a copy of completed application materials for your files.

Name (Last, First, Middle Initial) _____
Address _____
City, State, Zip Code _____
Day phone: () - _____ Evening phone: () - _____
Email Address: _____
Social Security Number - - _____

Do you currently live in the city of Milwaukee? ☐ Yes ☐ No

If yes, when did you become a resident? (month/year) _____

Due to limitations on employment of relatives, list the names and exact relationships of any relatives who are City of Milwaukee employees:

List any licenses, registrations and/or certificates you possess, such as Driver's, Nursing or Professional Engineer, that are related to the job you are applying for:

TYPE	NUMBER (if any)	TYPE	NUMBER (if any)
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If you are PRESENTLY employed by the City of Milwaukee, list the following:

POSITION TITLE	DEPARTMENT	PENSION NUMBER	FROM (MO./YR.)	TO (MO./YR.)
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If you have ever been **convicted** of an offense, including felonies, misdemeanors and ordinance violations, or have charges pending, other than minor traffic violations, list details below. **IF YOU LIST CONVICTIONS, PROVIDE YOUR BIRTHDATE ON PAGE 8. YOUR BIRTHDATE WILL BE USED FOR CONVICTION VERIFICATION ONLY.** Use separate sheet if necessary:

CHARGE	DATE	LOCATION	COURT	DISPOSITION OF CASE
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NOTE: Convictions are not an automatic bar to employment but are reviewed in relation to the job for which you applied. Convictions not reported may be cause for rejection or discharge.

READ CAREFULLY BEFORE SIGNING

I certify that all answers to questions on this application are true and complete. I understand that falsification of this application may result in disqualification or removal from a City position. I understand that a City Charter Ordinance requires City employees to live in the City. I also understand that covered employees are compensated for overtime work in accordance with the Fair Labor Standards Act. Individuals should discuss overtime pay practices with the appointing authority prior to accepting employment with the City. I authorize the City to make any inquiries about and receive any information about my suitability for employment. I give permission to persons contacted to provide such information. I forever waive, release and covenant not to sue any person or organization for any result of providing, obtaining or acting upon such information. I understand that such information is sought with confidentiality, and I will not request copies of such information. A copy of this authorization shall be effective as the original.

SIGNATURE: _____ DATE: _____

LAST NAME

EXAM#06-106TR

EMPLOYMENT HISTORY

Begin with current or most recent employment and work back. Treat each change of job title for the same organization as a separate entry. Account for all time during the past ten years, including periods of unemployment. In addition, list any other paid or unpaid work experience that may qualify you for a position. If more space is needed, please make additional copies of this page, or attach additional sheets.

CURRENT OR LAST EMPLOYER	From (month/year): _____ To (month/year): _____
Address	Salary/Wage: \$_____ per _____
Your Title	<input type="checkbox"/> Part time <input type="checkbox"/> Full time Hours per week: _____
Supervisor's Name, Title and Phone Number	Reasons for leaving:
Duties:	
PREVIOUS EMPLOYER	From (month/year): _____ To (month/year): _____
Address	Salary/Wage: \$_____ per _____
Your Title	<input type="checkbox"/> Part time <input type="checkbox"/> Full time Hours per week: _____
Supervisor's Name, Title and Phone Number	Reasons for leaving:
Duties:	
PREVIOUS EMPLOYER	From (month/year): _____ To (month/year): _____
Address	Salary/Wage: \$_____ per _____
Your Title	<input type="checkbox"/> Part time <input type="checkbox"/> Full time Hours per week: _____
Supervisor's Name, Title and Phone Number	Reasons for leaving:
Duties:	

EMPLOYMENT HISTORY (continued...)

PREVIOUS EMPLOYER	From (month/year): _____ To (month/year): _____
Address	Salary/Wage: \$ _____ per _____
Your Title	<input type="checkbox"/> Part time <input type="checkbox"/> Full time Hours per week: _____
Supervisor's Name, Title and Phone Number	Reasons for leaving:
Duties:	
PREVIOUS EMPLOYER	From (month/year): _____ To (month/year): _____
Address	Salary/Wage: \$ _____ per _____
Your Title	<input type="checkbox"/> Part time <input type="checkbox"/> Full time Hours per week: _____
Supervisor's Name, Title and Phone Number	Reasons for leaving:
Duties:	

REGISTRATIONS, CERTIFICATIONS, LICENSES

<p>Do you currently hold any licenses or certifications that may be related to this position? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>License or certification: _____</p> <p>Date Attained: _____</p> <p>Location/State Attained: _____</p> <p>Comments: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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[illegible]

Experience with office equipment, including telephones, computers, copiers, and fax machines:

To the best of your ability, assess your own skill level with various software programs below.

Please describe any other education or experience that you feel qualifies you for this position:

TESTING ACCOMMODATIONS

In accordance with State and Federal laws, the City of Milwaukee is committed to ensure non-discrimination in employment of qualified individuals with disabilities.

Under the Americans with Disabilities Act, an individual with a disability is defined as one who: has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment.

"Major life activities" means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

The following information will be treated confidentially and used only to provide testing accommodations. Requests for testing accommodations must be made prior to the test administration so that arrangements can be made.

Will you require any special accommodations during the examination process?

_____ Yes

_____ No

If yes, what kind of accommodations will you need?

_____ A signer

_____ A reader

_____ Extra time

_____ Other (Please describe) _____

Comments: _____

SIGNATURE: _____

DATE: _____

Provisions of test accommodations may be granted by the Department of Employee Relations only after review and evaluation on a case by case basis. Factors considered will include the nature of the examination and the knowledge, skills and abilities required for the job.

City of Milwaukee

Supplementary Applicant Information

No applicant for employment shall be discriminated against because of race, color, creed, religion, sex, genetic testing, sexual orientation, marital status, membership in the military reserves, national origin, ancestry, age, arrest or non-job-related conviction record, non-job-related physical or mental disability, or the use or nonuse of lawful products off the employer's premises during nonworking hours.

Completion of this form is voluntary. We ask, however, for your cooperation in completing the following information. It will be treated confidentially and used only to help us monitor the City's Affirmative Action efforts and to comply with Federal recordkeeping requirements.

PLEASE PRINT OR TYPE

1. Name: _____

LAST
FIRST
MIDDLE
2. Position Applied for: **PROGRAM ASSISTANT II (DPW-Operations)**
3. Recruiting information: How did you **FIRST** hear about this job opening? (*please check only one*)
 - ☐ A. Milwaukee Journal Sentinel
 - ☐ B. Other Newspaper (please specify) _____
 - ☐ C. City Hall Posting
 - ☐ D. Library Posting
 - ☐ E. Community Agency Posting (please specify) _____
 - ☐ F. College or University Posting (please specify) _____
 - ☐ G. From a City Employee
 - ☐ H. From Someone who is NOT a City Employee
 - ☐ I. Job Hotline Number (414-286-5555)
 - ☐ J. Received Job Interest Postcard in mail
 - ☐ K. Job Fair/Career Talk (please specify) _____
 - ☐ L. TV (please specify station) _____
 - ☐ M. Radio (please specify station) _____
 - ☐ N. **www.milwaukee.gov/der**
 - ☐ O. Other internet site (please specify) _____
 - ☐ P. OTHER (please specify) _____
4. Sex (please check one): MALE _____ FEMALE _____
5. Race (please check one):
 - ☐ Black/ African American (not of Hispanic origin)
 - ☐ Hispanic/Chicano/Puerto Rican/Mexican/Cuban/Central or South American
 - ☐ White/Caucasian/European/North African/Middle Eastern (not of Hispanic origin)
 - ☐ Native American Indian/Alaskan Native
 - ☐ Asian American/Pacific Islander/Far Eastern/Indian subcontinent or Southeastern Asian (i.e., China, Japan, Korea, Philippine Islands, Samoa)
6. List any languages, other than English, which you speak **FLUENTLY**: _____
7. If you have listed offenses (see page 2), provide birthdate _____. Your birthdate will be used for conviction verification only.
8. Certain Federal grant positions may require public housing development residency. Please complete the following if you are currently living in a City of Milwaukee public housing development.
 I live in the _____ Housing Development.

The above completed information is true to the best of my knowledge.

SIGNATURE _____ DATE _____